

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027012

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 362 Primary Registration District No. 4533 Registrar's No. 39

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 8 1963

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Wright City</u>		c. CITY OR TOWN <u>Wright City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Carrie E Ordelheide</u>			4. DATE OF DEATH Month <u>June</u> Day <u>30</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/18/75</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>St Louis MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Aug. Meistmaker</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Schroeder</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry Ordelheide (Deed)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT <u>Edna Groeper, Wright City MO</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			

IMMEDIATE CAUSE (a) <u>Medulary failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hr.</u>
DUE TO (b) <u>Acute myocardial infarct</u>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Dibilities of old age</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>11:50</u> a.m. <u>P</u> Month, Day, Year <u>6/30/63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Wright City, Mo.</u>	COUNTY <u>Warren</u>	STATE <u>MO</u>
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21. I attended the deceased from <u>2/28/51</u> to <u>6/30/63</u> and last saw her alive on <u>6/30/63</u> Death occurred at <u>11:50</u> P on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>J.R. Beckmyer</u>	22b. ADDRESS <u>Wright City, Mo.</u>
22c. DATE SIGNED <u>7/3/63</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/3/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u>	23d. LOCATION (City, town, or county) <u>Wright City MO</u>
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24. FUNERAL DIRECTOR <u>Nieburg Furn &amp; Und Co Wright City</u>	25. DATE RECD. BY LOCAL REG. <u>July 3, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Floyd Logan</u>
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MO (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1 1090  
2 1090  
3  
4 1  
5 2  
6  
7 0  
8 2  
9 4201  
10  
11  
12 90-0  
13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Julius J. Dieburg  
Licensed Embalmer No. 3366

P. O. Address Wright City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.